

# **SOUTH DAKOTA ORAL HEALTH SURVEY 2002-2003**



**DONEEN HOLLINGSWORTH, SECRETARY  
SOUTH DAKOTA DEPARTMENT OF HEALTH**

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**SOUTH DAKOTA  
ORAL HEALTH SURVEY  
2002-2003**

**OFFICE OF HEALTH PROMOTION, SOUTH DAKOTA DEPARTMENT OF HEALTH**



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This report is also available on the DOH website:  
<http://www.state.sd.us/doh/oralhealth>



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## INTRODUCTION

Tooth decay is an infectious disease affecting children and adults. Although dental caries (tooth decay) is largely preventable, it remains the most common chronic childhood disease, 5 times more common than asthma. This health problem begins early. National statistics show that 17 percent of children aged 2-4 years have already had decay. By the age of 8, approximately 52 percent of children have experienced decay, and by the age of 17, dental decay affects 78 percent of children. Once established, the disease requires treatment. A cavity only grows larger and more expensive to repair the longer it remains untreated.

Dental disease is a serious public health issue and affects overall health and productivity. It can lead to pain and disfigurement, low self-esteem, lost school days, nutritional problems and in the case of periodontal disease, possible cardiac complications.

Many South Dakotans now enjoy markedly better oral health than their parents did. However, certain segments of the population (e.g., those who are poor, who are members of racial or ethnic minority groups, or who are elderly) still have severe dental decay, much of which remains untreated. *Healthy People 2010* seeks to eliminate these disparities so that all Americans receive the benefits of good oral health. Surveillance of third graders is representative of the state of oral health among children and in line with the HP2010 Objectives.

In 2002 the South Dakota Department of Health established an oral health program within the Office of Health Promotion. The purpose of the program is to improve the oral health of South Dakotans by addressing dental health needs such as access to care, workforce development and shortage needs, and education for consumers and professionals. This is a report of the second oral health survey which was conducted as a follow up to the initial 1995-1997 survey.

## **SUMMARY**

During the 2002-2003 school year, the South Dakota Department of Health conducted a statewide oral health survey of third grade children in public, private and Bureau of Indian Affairs (BIA) elementary schools. Thirty-six elementary schools were randomly selected and 35 agreed to take part in the survey. Thirty-six dentists and 4 dental hygienists voluntarily screened those third graders who returned a positive consent form. A total of 801 third graders returned the questionnaire/consent form and 710 were screened (71 percent of all third graders enrolled in the 35 participating schools). Actual screening dates were in April and May of 2003.

### ***Key Findings***

- ✓ Dental decay is a significant public health problem for South Dakota.
  - 67 percent of the third graders had cavities and/or fillings (decay experience).
  - 30 percent of the third graders had untreated dental decay (cavities).
- ✓ While dental sealants are a proven method for preventing decay, many of South Dakota's third graders do not have access to this preventive service.
  - 50 percent of the third graders had dental sealants.
- ✓ A large proportion of South Dakota's third graders are in need of dental care.
  - 30 percent of the third graders were in need of dental care including almost 5 percent that needed urgent dental care because of pain or infection.
- ✓ Many of South Dakota's third graders have limited access to regular dental care.
  - 82 percent of the parents reported that their child had seen a dentist in the last 12 months, while 13 percent had not been in the last year and 5 percent of the third graders had never been to a dentist.
  - The primary reason for not seeing a dentist in the last year was cost.
- ✓ The majority of South Dakota's third graders have some type of coverage for dental care.
  - 76 percent of the parents reported that they have some type of dental insurance coverage for their child including private dental insurance, Medicaid and/or Indian Health Service.

- ✓ Third graders who have been to the dentist in the last year have better oral health than those who have not been to the dentist in the last year.
  - Third graders who had been to the dentist in the last year were less likely to have untreated decay and more likely to have dental sealants.
- ✓ Non-white third graders have poorer oral health.
  - Compared to white non-Hispanic third graders, a significantly higher proportion of American Indian third graders have decay experience (64 percent vs. 83 percent) and untreated decay (26 percent vs. 57 percent).
- ✓ Type of insurance coverage affects a child's oral health.
  - Compared to third graders with private dental insurance, a significantly higher proportion of third graders who pay for their dental care through government insurance or cash have untreated decay (19 percent vs. 45 percent and 35 percent).
- ✓ Third graders in lower income schools tend to have poorer oral health.
  - 50 percent of third graders in lower income schools ( $\geq 50$  percent eligible for the free/reduced price meal program) had untreated decay compared to only 12 percent of third graders in higher income schools ( $\leq 20$  percent eligible for the free/reduced price meal program).

### ***Comparisons of the 2003 Data with the 1995-1997 Survey:***

- **Decay experience:** 67 percent of the third graders surveyed have had decay in the 2003 survey compared to 63 percent in 1995-1997.
- **Need for dental care:** 30 percent of the third graders in the 2003 survey were in need of dental care compared to 33 percent in 1995-1997.
- **Sealants:** 50 percent of third graders in the 2003 survey had dental sealants compared to 44 percent in 1995-1997.

These comparisons show that while there has been measurable improvement in the percentage of children having dental sealants and a small decrease in the percentage with cavities, the number of children with a history of dental caries has increased. This could indicate that even with sealants, there must be other preventive measures, such as dietary changes, regular brushing and flossing, and regular dental visits to reduce the burden of dental caries among our children.

## METHODS

**Sampling:** An electronic list of all elementary schools in South Dakota was obtained from the Department of Education. The sampling frame was limited to public, private and Bureau of Indian Affairs schools (425 schools and approximately 9,900 children). The sampling frame was then further limited to those schools with three or more students in third grade (351 schools and approximately 9,800 children).

Schools in the sampling frame were ordered by percent of children eligible for the free and/or reduced price meal program then by school district number. Thirty-six elementary schools were randomly selected for participation in the oral health survey. If a school refused, a replacement school was randomly selected from the same sampling strata.

One of the schools, along with its replacement, refused to participate resulting in 35 schools with an enrollment of 994 children in third grade. Only those children that returned a positive consent form were screened.

The appendix contains a listing of the schools that participated, a map showing the location of the schools, the screening form used for the survey, the consent form and the dental assessment notification form.

**Screening Methods:** Forty volunteer dentists and dental hygienists completed all of the screenings. The screenings were completed using gloves, a hand held flashlight, and disposable mirrors. If necessary, a cotton tip applicator was used to remove excess debris while checking for the presence of dental sealants. The diagnostic criteria outlined in **Basic Screening Surveys: An Approach to Monitoring Community Oral Health** were used.

**Data Management and Analysis:** Epi Info 6.04, a public access software program developed and supported by the Centers for Disease Control and Prevention, was used to enter and analyze the data. To account for differences in response rates between schools, the data were adjusted for non-response. The number of children enrolled in each school was divided by the number of children screened to obtain the non-response sampling weight for each school.

## RESULTS (Table 1)

The total third grade enrollment in the 35 participating schools was 994. Of these, 801 returned a questionnaire/consent form and 710 third graders were screened (71 percent response rate). The third graders screened ranged in age from 7-10 years with a mean of 8.8 years. About half of the third graders screened were female (51 percent) and the majority (84 percent) were white non-Hispanic. Refer to Table 1 (below) for further demographic information.

In terms of eligibility for the free and/or reduced price meal program, the schools participating in the oral health survey were representative of the state as a whole. Approximately 41 percent of all South Dakota's elementary school third graders receive free and/or reduced price meals compared to 38 percent of the third graders in the participating schools. Note: The denominator for the percentages is based on enrollment in only those schools that participate in the National School Lunch Program.

All data presented in the text of this report have been adjusted for non-response.

**Table 1**  
**Demographic Characteristics of Third Grade Children Participating in South Dakota's**  
**Oral Health Survey:**  
**All Third Grade Children who Returned a Questionnaire and Third Graders Screened**

Variable	Number	Percent of All Third Graders who Returned a Questionnaire (n=801)
Gender: Male	801	51.9
Female		48.1
Age: Mean age (standard deviation)	797	8.8 (0.52)
Age range		7-11 years
Race and Ethnicity:	796	
White		82.8
American Indian/Alaska Native		13.6
Hispanic		1.9
African American		1.1
Asian		0.5
Native Hawaiian/Pacific Islander		0.1
		<b>Third Graders who were Screened (n=710)</b>
Gender: Male	710	49.4
Female		50.6
Age: Mean age (S.D.)	707	8.8 (0.51)
Age range		7-10 years
Race and Ethnicity:	708	
White		83.8
American Indian/Alaska Native		12.6
Hispanic		2.0
African American		1.0
Asian		0.5
Native Hawaiian/Pacific Islander		0.1

Source: South Dakota Department of Health

## Oral Health Status Indicators (Table 2)

Sixty-seven percent of the third graders screened had decay experience (untreated decay or fillings) in their primary and/or permanent teeth and approximately 30 percent of the third graders had untreated decay at the time of the screening.<sup>1</sup> Slightly more than 25 percent were in need of early dental care while almost five percent of the third graders were in need of urgent dental care because of pain or infection.

Just fewer than 50 percent of the third graders had a dental sealant on at least one permanent molar. Dental sealants provide an effective way to prevent decay on the chewing surfaces of molars (back teeth), which are most vulnerable to dental decay. A clear resin is used to cover the “pits and fissures” on the top of the teeth so that cavity-causing bacteria cannot reach areas that are difficult to clean and for fluoride to penetrate.

**Table 2**  
**Oral Health of South Dakota’s Third Grade Children**  
*Adjusted for Non-Response*

Variable	Number with Data	Percent of Children	95 Percent Confidence Interval
Caries Free	710	33.1	27.0 – 39.2
Caries History	710	66.9	60.8 – 73.0
Untreated Decay	710	30.2	22.8 – 37.5
Dental Sealants	710	49.6	44.2 – 55.0
Treatment Urgency	710	70.2	62.7 – 77.7
-none		25.3	18.4 – 32.3
-early		4.5	2.6 – 6.3
-urgent			

Source: South Dakota Department of Health

<sup>1</sup> The percent of children with untreated decay is assumed to be an under estimation because radiographs (x-rays) were not taken.



## Access to Care Indicators (Tables 3 & 4)

Information on last dental visit and dental insurance was available for 781 and 762 third graders respectively. Some parents returned the questionnaire but refused the screening while other parents returned the questionnaire and granted consent, but their child was absent on the day of the screening.

Most of the parents reported having some type of dental insurance coverage for their child – 24 percent reported government insurance (Medicaid, IHS or both) and 51 percent reported private insurance (private only or private and IHS).

Slightly more than 82 percent of the parents reported that their child had visited the dentist in the last 12 months while five percent reported that their child had never been to the dentist. The primary reasons for not having been to the dentist in the last year were “cost” (n=60), “no reason to go” (n=40), and “difficulty in getting appointment” (n=20).

**Table 3**  
**Last Dental Visit and Payment for Dental Care for South Dakota’s Third Grade Children**  
*All Third Graders Who Returned a Questionnaire – Not Adjusted for Non-Response*

Variable	Number	Percent of Children	95 Percent Confidence Interval
Last Dental Visit: Within last 12 months	781	82.1	79.2 – 84.7
Within last 2 years		8.1	6.3 – 10.3
3 or more years ago		4.6	3.3 – 6.4
Never been to dentist		5.2	3.8 – 7.1
Payment for Dental Care:	762		
Cash only		22.7	19.8 – 25.9
Medicaid only		17.1	14.5 – 20.0
Indian Health Service only		3.8	2.6 – 5.5
Private Dental Insurance		50.4	46.8 – 54.0
Don’t know		1.2	0.6 – 2.3
Other		1.4	0.8 – 2.6
IHS & Medicaid		2.6	1.7 – 4.1
IHS & Private Insurance		0.8	0.3 – 1.8

Source: South Dakota Department of Health

**Table 4**  
**Reasons Why Child Had Not Been to Dentist in Last Year**  
*All Third Graders Who Returned a Questionnaire – Not Adjusted for Non-Response*

Reason	Number of Responses
Cost	60
No reason to go	40
My child is too young to see a dentist	0
Do not have or know a dentist	7
Difficulty in getting appointment	20
Fear, apprehension, pain or dislike going	10
Cannot get to the dental office/clinic	8
Other reason	17

Source: South Dakota Department of Health

## Impact of Dental Visit Frequency (Table 5 & Figure 1)

While the majority of parents (82 percent) reported that their child saw a dentist within the last 12 months, almost 18 percent of parents reported that their child had either not seen a dentist in the last year (13 percent) or had never been to the dentist (5 percent). Third graders whose parents reported a dental visit in the last year were significantly more likely to have dental sealants (57 percent vs. 25 percent and 5 percent) and were significantly less likely to have untreated decay (25 percent vs. 47 percent and 59 percent). There was no difference, however, in the proportion that had a history of dental caries (68 percent vs. 64 percent and 59 percent).

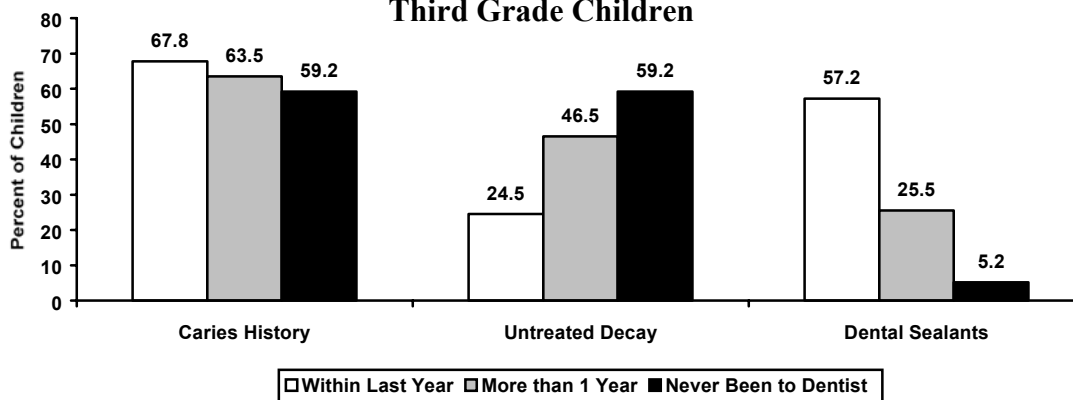
In addition to differences in oral health status, a significantly higher proportion of third graders who had seen the dentist in the last year had private dental insurance (57 percent) compared to those that had not been to the dentist in the last year (18 percent) or had never been to the dentist (24 percent).

**Table 5**  
**Oral Health of South Dakota's Third Grade Children Stratified by Time Since Last Dental Visit - Adjusted for Non-Response**

Variable	Percent of Children (95 Percent Confidence Interval)		
	Within Last Year (n=564)	More Than 1 Year Ago (n=92)	Never Been to Dentist (n=39)
White non-Hispanic	85.3 (79.3-91.3)	71.0 (53.1-88.9)	89.5 (82.1-97.0)
With Private Dental Insurance	56.5 (47.9-65.1)	17.8 (8.4-27.2)*	24.2 (7.6-40.9)*
Caries History	67.8 (61.6-74.0)	63.5 (53.3-73.8)	59.2 (46.1-72.3)
Untreated Decay	24.5 (18.8-30.3)	46.5 (32.9-60.1)*	59.2 (46.1-72.3)*
Dental Sealants	57.2 (51.6-62.9)	25.5 (12.8-38.1)*	5.2 (-1.0-11.5)*
Treatment Urgency			
None	76.0 (70.1-81.8)	53.5 (39.3-67.7)*	40.8 (27.7-53.9)*
Early	21.4 (16.0-26.9)	38.9 (24.1-53.7)	34.1 (21.8-46.4)
Urgent	2.6 (1.2-4.0)	7.6 (2.9-12.4)	25.1 (10.7-39.6)*

\*  $p \leq 0.05$  when compared to third graders with a dental visit within the last year  
Source: South Dakota Department of Health

**Figure 1**  
**Impact of Time Since Last Dental Visit on the Oral Health of South Dakota's Third Grade Children**



Source: South Dakota Department of Health

## Impact of Race and Ethnicity (Table 6 & Figure 2)

Approximately 84 percent of the third graders screened were white non-Hispanic while almost 13 percent were American Indian. When stratified by race, significant differences in oral health status appeared. Compared to white non-Hispanic third graders, American Indian third graders were significantly more likely to have a history of caries and untreated decay. In addition, a significantly lower proportion of American Indian third graders had private dental insurance.

Note: The number of third graders in other minority groups was too small for stratification.

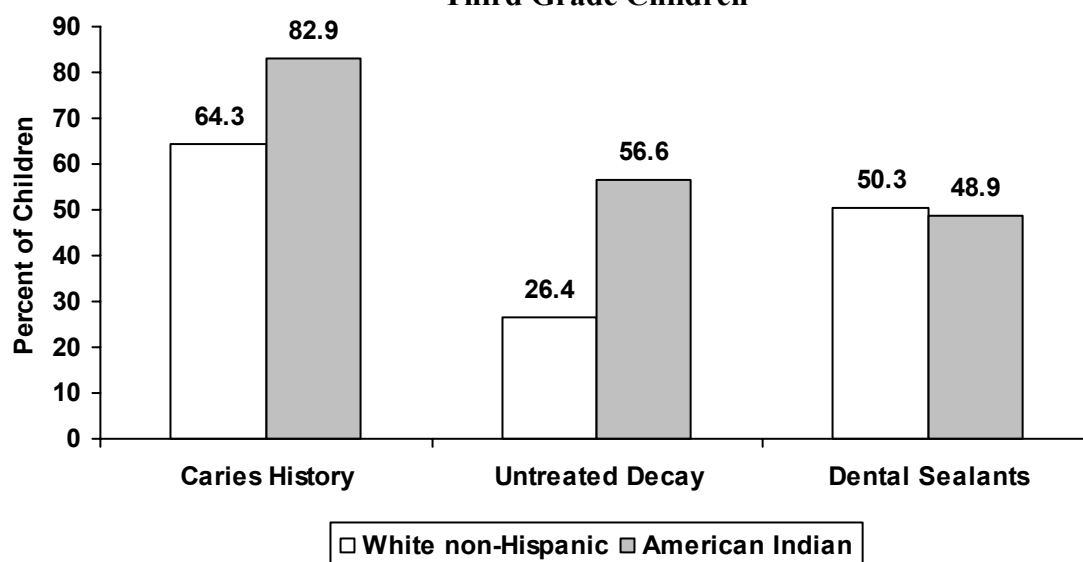
**Table 6**  
**Oral Health of South Dakota's Third Grade Children Stratified by Race and Ethnicity**  
*Adjusted for Non-Response*

Variable	Percent of Children (95 Percent Confidence Interval)	
	White Non-Hispanic (n=593)	American Indian (n=89)
With Dental Visit in Last Year	82.5 (78.9-86.1)	68.3 (54.8-81.7)
With Private Dental Insurance	56.3 (48.3-64.3)	20.6 (12.0-29.2)*
Caries History	64.3 (58.7-69.8)	82.9 (73.0-92.8)*
Untreated Decay	26.4 (20.7-32.1)	56.6 (37.5-75.7)*
Dental Sealants	50.3 (44.6-55.9)	48.9 (33.4-64.4)
Treatment Urgency		
None	74.3 (68.4-80.1)	41.4 (23.4-59.3)*
Early	21.0 (16.2-25.9)	55.2 (34.8-75.7)*
Urgent	4.7 (2.8-6.6)	3.4 (-1.7-7.9)

\*  $p \leq 0.05$  when compared with white non-Hispanic third graders

Source: South Dakota Department of Health

**Figure 2**  
**Impact of Race on the Oral Health of South Dakota's**  
**Third Grade Children**



Source: South Dakota Department of Health

## Impact of Insurance Type (Table 7 & Figure 3)

When stratified by insurance type (private insurance, government insurance, cash only), significant differences in oral health status appeared. Compared to third graders with private insurance, third graders with government insurance as well as third graders who paid cash for dental care were significantly more likely to have untreated decay and less likely to have visited the dentist in the last year.

**Table 7**  
**Oral Health of South Dakota's Third Grade Children Stratified by Dental Insurance Status**  
*Adjusted for Non-Response*

Variable	Percent of Children (95 Percent Confidence Interval)		
	Private Dental Insurance+ (n=341)	Government Dental Insurance++ (n=163)	Cash Only (n=158)
White non-Hispanic	90.6 (88.0-93.2)	55.3 (36.5-74.0)*	96.3 (93.1-99.5)
With Dental Visit in Last Year	92.3 (88.3-96.3)	69.4 (61.2-77.5)*	69.4 (60.6-78.1)*
Caries History	60.8 (54.3-67.2)	75.4 (65.2-85.5)	68.5 (61.1-75.9)
Untreated Decay	19.0 (12.4-25.6)	45.1 (32.7-57.5)*	34.7 (25.7-43.6)*
Dental Sealants	56.7 (50.7-62.7)	48.3 (37.1-59.4)	40.0 (32.9-47.2)*
Treatment Urgency			
None	80.9 (74.4-87.3)	55.3 (42.4-68.1)*	67.0 (57.8-76.3)
Early	17.4 (11.4-23.4)	37.0 (23.3-50.6)	27.2 (18.2-36.1)
Urgent	1.7 (0.6-2.8)	7.7 (2.9-12.7)*	5.8 (2.7-9.0)

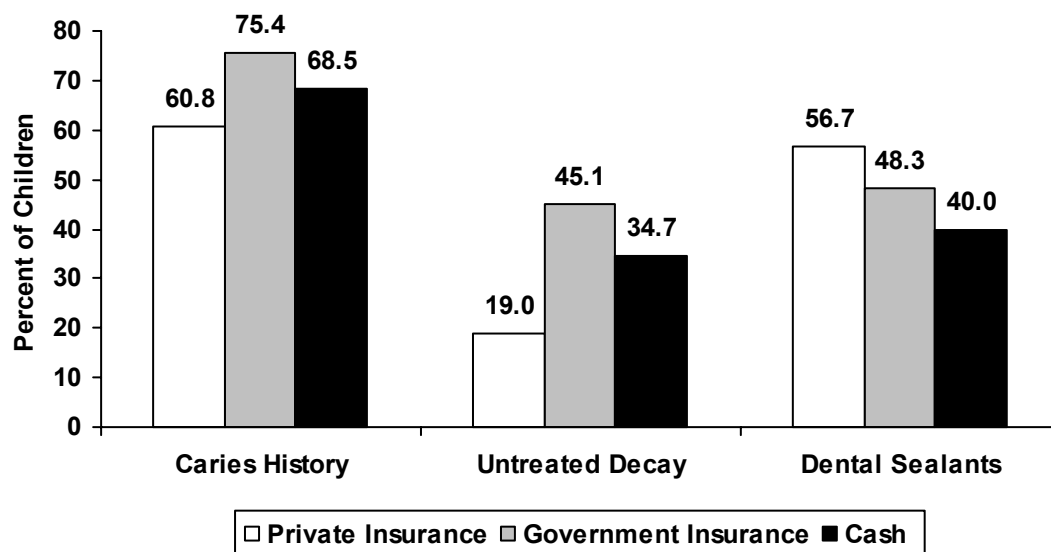
\*  $p \leq 0.05$  when compared to third graders with private dental insurance

+ Includes those who reported private dental insurance plus those who reported both IHS and private dental insurance

++ Includes those who reported Medicaid, CHIPS, and/or IHS

Source: South Dakota Department of Health

**Figure 3**  
**Impact of Payment Type on the Oral Health of South Dakota's Third Grade Children**



Source: South Dakota Department of Health

## Impact of Socioeconomic Status (Table 8 & Figure 4)

Eligibility for the free and/or reduced price meal program is often used as a surrogate measure of socioeconomic status (SES). Since individual level information on SES was not collected, the data were stratified by the proportion of third graders in each school eligible for the free and/or reduced price meal program (<20 percent, 20-49 percent,  $\geq$  50 percent).

Compared to third graders in higher income schools (<20 percent eligible for F/R meals), third graders in middle and lower income schools were significantly more likely to have a history of caries and to have untreated decay. The proportion of third graders with dental sealants, although higher in higher income schools, was not significantly different.

**Table 8**  
**Oral Health of South Dakota's Third Grade Children Stratified by Percent of Students Eligible for the Free and/or Reduced Price Meal Program -Adjusted for Non-Response**

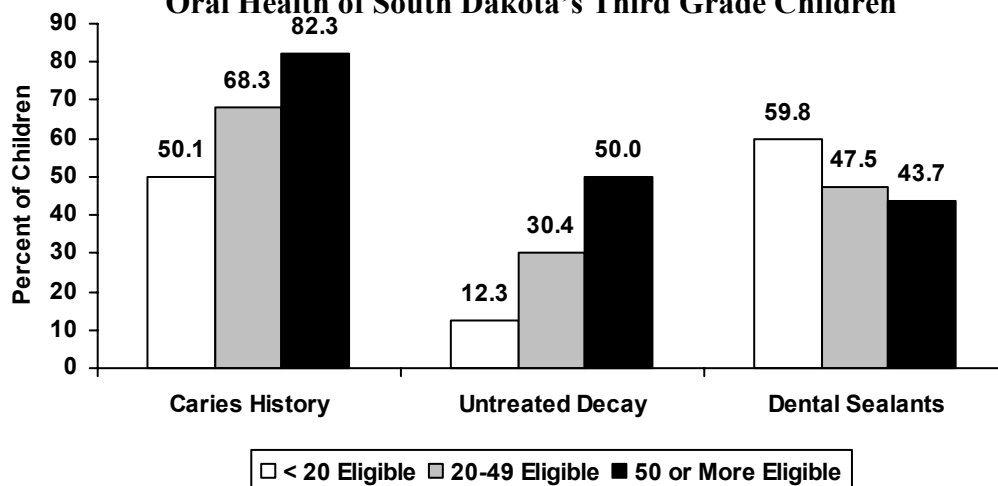
Variable	Percent of Children (95 Percent Confidence Interval)		
	< 20 Percent of Students Eligible for F/R Lunch+ (n=162)	20-49 Percent of Students Eligible for F/R Lunch (n=406)	$\geq$ 50 Percent of Students Eligible for F/R Lunch (n=142)
White non-Hispanic	90.2 (85.6-94.7)	89.3 (86.4-92.2)	56.1 (24.5-87.7)
With Dental Visit in Last Year	88.0 (84.0-91.9)	80.7 (76.7-84.7)	72.7 (58.6-86.8)
With Private Dental Insurance	69.8 (59.7-79.9)	52.6 (48.6-56.7)*	15.9 (9.0-22.8)*
Caries History	50.1 (42.9-57.3)	68.3 (63.0-73.7)*	82.3 (72.4-92.1)
Untreated Decay	12.3 (4.1-20.4)	30.4 (24.1-36.7)*	50.0 (31.8-68.1)
Dental Sealants	59.8 (53.7-65.9)	47.5 (40.6-54.3)	43.7 (31.1-56.3)
Treatment Urgency			
None	88.2 (80.1-96.2)	70.0 (63.5-76.5)	50.3 (30.0-70.6)*
Early	11.3 (4.1-18.6)	25.0 (19.0-31.0)	42.1 (20.7-63.6)*
Urgent	0.5 (-0.5-1.6)	5.0 (3.1-6.9)	7.6 (1.9-13.2)*

\*  $p \leq 0.05$  when compared to schools with less than 20 percent of third graders eligible for the free/reduced price meal program

+ Includes third graders in the four schools that do not participate in the National School Lunch Program

Source: South Dakota Department of Health

**Figure 4**  
**Impact of Socioeconomic Status (Percent Eligible for Free/Reduced Lunch) on the Oral Health of South Dakota's Third Grade Children**



Source: South Dakota Department of Health

## Healthy People 2010 Objectives (Table 9)

The National Oral Health Objectives for the Year 2010 (Healthy People 2010) outline several oral health status objectives for young children. For six- to eight-year-old children there are three primary oral health status objectives:

- To decrease the proportion of children who have experienced dental caries in permanent or primary teeth to 42 percent.
- To decrease the proportion of children with untreated dental caries in permanent or primary teeth to 21 percent.
- To increase the proportion of eight-year-olds receiving protective sealing of the occlusal surfaces of permanent molar teeth to 50 percent.

The State of South Dakota has exceeded the Healthy People 2010 objective for dental sealants. Unfortunately, significant progress must still be made in terms of caries history and untreated decay if South Dakota is to meet the other two objectives. About 67 percent of third grade children screened in South Dakota had experienced dental caries – much higher than the HP2010 objective of 42 percent. About 30 percent of the South Dakota third grade children had untreated caries compared to the HP2010 objective of 21 percent. Almost 53 percent of eight-year-old children screened had dental sealants compared to the HP2010 objective of 50 percent.

**Table 9**  
**Oral Health of South Dakota's Third Grade Children Compared to Healthy People 2010**  
*Adjusted for Non-Response*

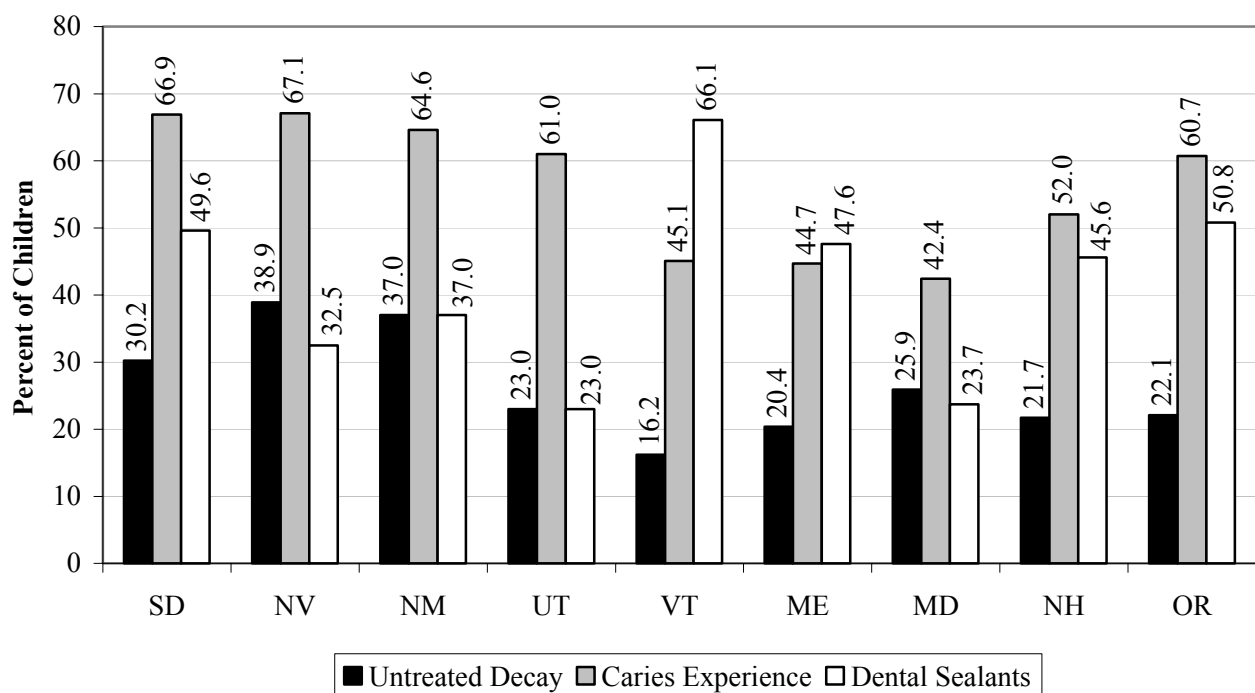
Variable	Percent of Children (95 Percent Confidence Interval)	
	South Dakota Third Grade Children	Healthy People 2010 Objective 6-8 year old children
Caries History	66.9 (60.8-73.0)	42
Untreated Decay	30.2 (22.8-37.5)	21
	8 Year Olds Only	
Dental Sealants	52.7 (43.8-61.7)	50

Source: South Dakota Department of Health

## Comparison to Other States (Figure 5)

Figure 5 compares the oral health of South Dakota's third grade children with the oral health of third grade children from several other states. Each of the states on the graph collected data in a manner similar to South Dakota.

**Figure 5**  
**Prevalence of Untreated Decay, Decay Experience, and Dental Sealants in South Dakota's Children Compared to Children from Other States – 3rd Grade Children Only**



Source: South Dakota Department of Health  
National Oral Health Surveillance System ([www.cdc.gov/nohss](http://www.cdc.gov/nohss))





## **APPENDICES**

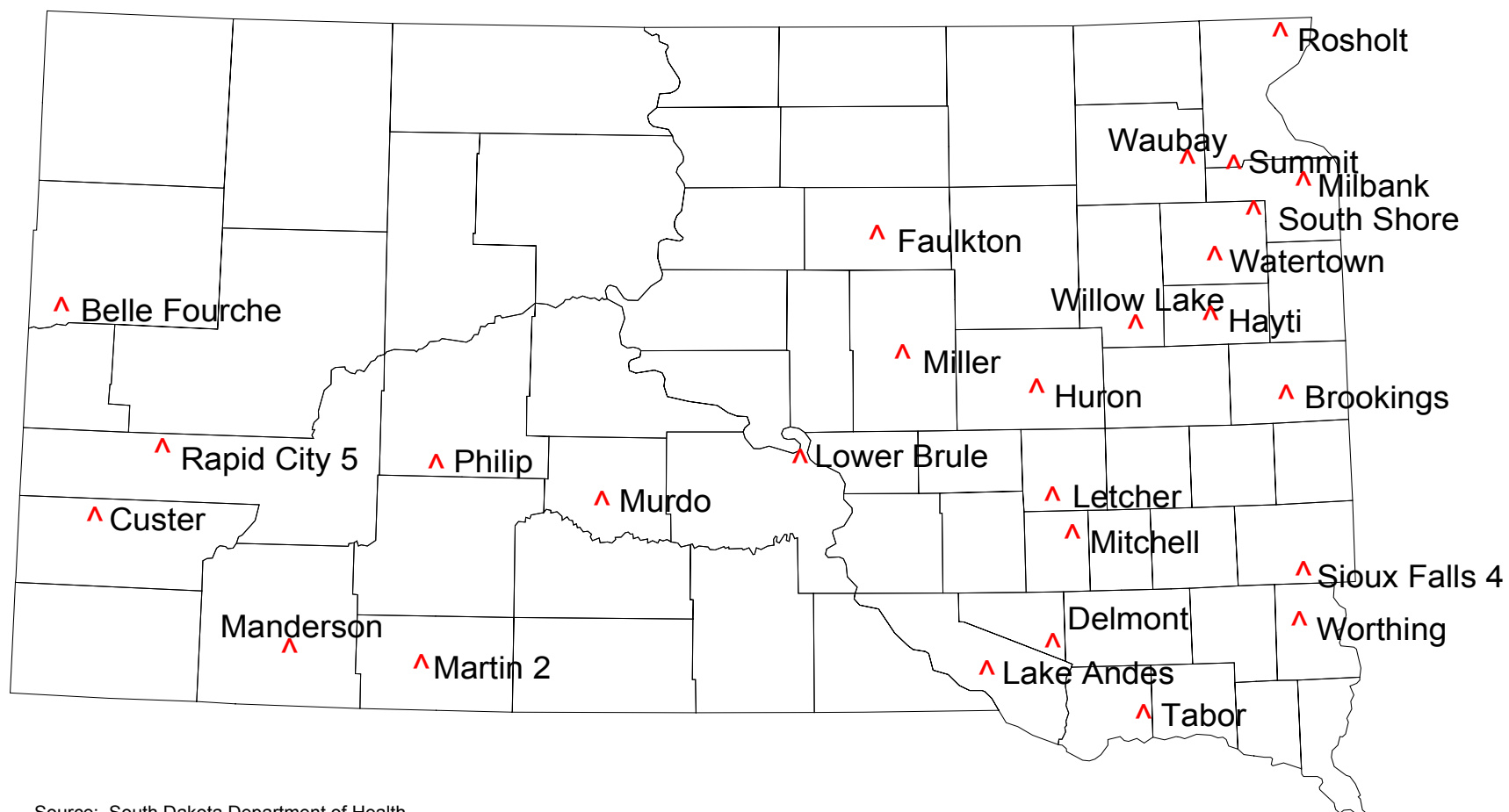
### Information about Participating Schools

City	School Name	School ID	School Type	# Screened	# Enrolled	Percent of Response	* Sample Weight
Belle Fourche	South Park	900103	Public	77	100	77.0	1.299
Brookings	Central	500103	Public	24	33	72.7	1.375
Custer	Custer	1600102	Public	29	47	61.7	1.621
Delmont	Clearfield Colony	3300507	Public	6	7	85.7	1.167
Faulkton	Faulkton	2400202	Public	17	18	94.4	1.059
Hayti	Hamlin	2800309	Public	43	56	76.8	1.302
Huron	Jefferson	200204	Public	12	24	50.0	2.000
Lake Andes	Andes Central	1100102	Public	11	26	42.3	2.364
Letcher	Letcher	5500504	Public	14	16	87.5	1.143
Lower Brule	Lower Brule	4230101	Public	18	28	64.3	1.556
Manderson	Wounded Knee	6530201	BIA	15	19	78.9	1.267
Martin	Martin	300103	Public	22	36	61.1	1.636
Martin	Riverside	300107	Public	6	8	75.0	1.333
Milbank	St. Lawrence	2530101	Private	16	20	80.0	1.250
Miller	Millerdale Colony	2900111	Public	4	5	80.0	1.250
Mitchell	Gertie Belle Rogers	1700204	Public	48	56	85.7	1.167
Murdo	Murdo	3700302	Public	11	11	100.0	1.000
Philip	Philip	2700102	Public	6	14	42.9	2.333
Rapid City	Calvary Christian	5132101	Private	11	15	73.3	1.364
Rapid City	Grandview	5100406	Public	40	80	50.0	2.000
Rapid City	Rapid Valley	5100412	Public	80	111	72.1	1.388
Rapid City	South Canyon	5100415	Public	34	44	77.3	1.294
Rapid City	Valley View	5100413	Public	19	31	61.3	1.632
Rosholt	Rosholt	5400402	Public	12	16	75.0	1.333
Sioux Falls	Calvin Christian	4930201	Private	27	38	71.1	1.407
Sioux Falls	Mark Twain	4900529	Public	29	37	78.4	1.276
Sioux Falls	SF Lutheran	4933001	Private	12	15	80.0	1.250
Sioux Falls	St. Joseph Cathedral	4930304	Private	11	13	84.6	1.182
South Shore	South Shore	1400302	Public	8	9	88.9	1.125
Summit	Summit	5400602	Public	7	10	70.0	1.429
Tabor	Hutterische Colony	400218	Public	5	5	100.0	1.000
Watertown	St. Martins	1430301	Private	12	15	80.0	1.250
Waubay	Waubay	1800302	Public	5	8	62.5	1.600
Willow Lake	Willow Lake	1200302	Public	14	15	93.3	1.071
Worthing	Worthing	4100405	Public	5	8	62.5	1.600
All Participating Schools				710	994	71.4	

\* Sample weight=number enrolled/number screened  
Source: South Dakota Department of Health

# Map of Participating Schools

One school per city unless noted otherwise



Source: South Dakota Department of Health

# South Dakota Department of Health Oral Health Screening Form

Screening Date \_\_\_\_/\_\_\_\_/\_\_\_\_/

City \_\_\_\_\_ School \_\_\_\_\_ Screener \_\_\_\_\_ Nurse \_\_\_\_\_

Last Name	First Name Initial Only	Parental Consent Form Signed?	ID Number	DOB			Race	Gender		Decay Now		Decay Experience		Sealants on Adult Molars		Treatment Urgency			Height		Weight	
				Mo	Day	Year		M	F	Y	N	Y	N	Y	N	No	Early	Urgent	Inches	Pounds		
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**Race**  
W = White  
NA = Native American  
B = Black  
H = Hispanic  
A = Asian  
H/PL = Hawaiian/Pacific Islander  
O = Other  
U = Unsure

**Decay Now:**  
No = not present  
Yes = present (>.5 mm or ½ mm & brown)

**Decay Experience:**  
**Yes =**  
• has decay now &/or  
• has filling or crown &/or  
• had adult molar removed due to decay  
**No =**  
• no decay now &/or  
• no fillings &/or  
• no adult molars extracted due to decay

**Sealants:** one or more sealants on a permanent molar  
  
**Treatment Urgency:**  
No = No Obvious Need  
Early = Early Care Needed  
Urgent = Urgent Care Needed

Source: South Dakota Department of Health

**South Dakota Department of Health Dental Health Survey**  
**Dental Health Survey Consent Form**

ID Number \_\_\_\_\_

**Return this form to school tomorrow**

Child's Name (Last, First, MI) \_\_\_\_\_

Birthdate (Month/Day/Year) \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Sex: M \_\_\_ F \_\_\_

Teacher: \_\_\_\_\_

\_\_\_\_\_ **YES**, I give permission for my child to receive a dental screening.  
If dental problems are detected the Community Health Nurse will send you a note.

\_\_\_\_\_ **NO**, I do not give permission for my child to receive a dental screening.

\_\_\_\_\_ **YES**, I give permission for my child to have a height/weight screening.

\_\_\_\_\_ **NO**, I do not give permission for my child to have a height/weight screening.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Please answer the following questions to help us learn more about children's dental health in our state. If you do not want to answer questions 1, 2, 3, and 4, your child may still participate in the survey if you sign this form giving permission to receive the dental screening.

1. When was your child's most recent dental visit? Was it within the last: (Please check one)  
\_\_\_\_\_ 12 months \_\_\_\_\_ 2 years \_\_\_\_\_ 3 or more years \_\_\_\_\_ My child has never been to the dentist.
2. What is the main reason your child has not visited the dentist in the last year? (Check all that apply)  
\_\_\_\_\_ Cost \_\_\_\_\_ Difficulty in getting appointment  
\_\_\_\_\_ No reason to go (no dental problems) \_\_\_\_\_ Fear, apprehension, pain, or dislike going  
\_\_\_\_\_ My child is too young to see a dentist \_\_\_\_\_ Cannot get to the dental office/clinic  
\_\_\_\_\_ Do not have or know a dentist \_\_\_\_\_ Other reason
3. Is your child's dental care paid for by: (Check all that apply)  
\_\_\_\_\_ Cash \_\_\_\_\_ Private dental insurance  
\_\_\_\_\_ Medicaid/Medical Assistance \_\_\_\_\_ Don't know  
\_\_\_\_\_ Indian Health Service \_\_\_\_\_ Other
4. Of the following, which best describes your child? (Please check all that apply)  
\_\_\_\_\_ White \_\_\_\_\_ American Indian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian

Please return the white copy of this form to your child's teacher. The yellow copy is for your records. Thank you very much.

## Notice to Parents of Dental Assessment

### NOTICE TO PARENTS OF DENTAL ASSESSMENT

Dear Parents:

Today, I have completed a dental health assessment. My assessment has found the following finding(s). Your attention is called to the finding(s), so that you may contact your dentist for diagnosis, advise, or treatment.

Date of Assessment: \_\_\_\_\_ Student Name: \_\_\_\_\_

Finding(s): \_\_\_\_\_

If you have any questions, please call: \_\_\_\_\_

at: \_\_\_\_\_ Community Health Nurse  
Thank you.

Telephone Number

**SOUTH DAKOTA DEPARTMENT OF HEALTH**

Source: South Dakota Department of Health

## REFERENCES

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